



RHODE ISLAND EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

Notice of Public Hearing and Public Review of Rules

The Secretary of the Executive Office of Health & Human Services (EOHHS) has under consideration a series of proposed new sections (as well as amendments to existing sections) of the Medicaid Code of Administrative Rules (MCAR) (“Regulations”) related to the expansion of the Medicaid Program under the provisions of health care reform statutes. (A summary of the rule changes appears below).

Under the authority granted in the federal Patient Protection and Affordable Care Act of 2010 (ACA) and applicable State law, including Executive Order 11-09, Rhode Island created its own health insurance marketplace and on-line eligibility system, previously referred to as a “health benefit exchange”, and elected to expand Medicaid eligibility to the new ACA coverage group of adults, without dependent children, who have income up to 133% of the Federal Poverty Level (FPL). On October 1, 2013 Rhode Islanders interested in obtaining health coverage under this new expansion group began applying through the health insurance marketplace (HealthSourceRI), the Department of Human Services (DHS) field offices or website, and/or the Executive Office of Health and Human Services website (EOHHS). Applicants deemed to be eligible began enrolling in one of two Medicaid health plans during the period from October 1, 2013 to December 31, 2013. Actual coverage begins on January 1, 2014.

There will be no changes in Medicaid coverage until January 1, 2014. The proposed rules seek to accomplish the following:

01. To describe the new income standard that will be used to determine access to coverage for the ACA expansion group beginning on January 1, 2014;
02. To amend existing Medicaid rules to provide for persons participating in Medicaid prior to January 1, 2014;
03. To identify the principal roles and responsibilities of the Medicaid agency and the State with respect to persons seeking eligibility for the new ACA expansion coverage group; and
04. To inform Rhode Islanders of their rights and responsibilities when seeking Medicaid eligibility as a member of the new ACA or existing coverage groups during this same period.

These regulations are being promulgated pursuant to the authority contained in Rhode Island General Laws Chapter 40-8 (Medical Assistance) as amended, including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et. seq*; Chapter 42-35 of the Rhode Island General Laws, as amended; and Chapter 42-7.2 of the Rhode Island General Laws, as amended.

In the development of these proposed Regulations, consideration was given to the following: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small businesses in Rhode Island. No alternative approach, duplication or overlap, or impact upon small businesses were identified based upon available information.

Notice is hereby given in accordance with the provisions of Chapter 42-35 of the Rhode Island General Laws, as amended, that the Secretary will hold two Public Hearings on the above mentioned matter on **TUESDAY, 3 DECEMBER 2013** at which time and place all persons interested therein will be heard.

Hearings will be convened as follows:

Draft Rule: For Public Comment

Tuesday, December 3, 2013 2:00 p.m.	Tuesday, December 3, 2013 6:00 p.m.
Arnold Conference Center 111 Howard Avenue Regan Building Pastore Complex Cranston RI 02920	DaVinci Center 470 Charles Street Providence, RI 02904

For the sake of accuracy, it is requested that statements to be made relative to any aspect of the Regulations, including alternative approaches or overlap, be submitted in writing at the time of the hearing or mailed prior to the hearing date to: Steven M. Costantino, Secretary, Rhode Island Executive Office of Health & Human Services, Louis Pasteur Building, 57 Howard Avenue, Cranston, Rhode Island, 02920 or via email to the attention of: eshelov@ohhs.ri.gov.

Interested persons may inspect said Regulations and other related materials on the Rhode Island Secretary of State's website: www.sec.state.ri.us/rules, on the Executive Office of Health & Human Services' website: www.eohhs.ri.gov or at the Executive Office of Health & Human Services, 57 Howard Avenue, Cranston, Rhode Island, 02920 between the hours of 9:00 a.m. and 3:00 p.m., Monday through Friday; by calling (401) 462-1575 {via RI Relay 711} or by emailing Eshelov@ohhs.ri.gov.

The Rhode Island Executive Office of Health & Human Services in the Louis Pasteur Building is accessible to persons with disabilities. If communication assistance (readers /interpreters /captioners) is needed, or any other accommodation to ensure equal participation, please notify the Executive Office at (401) 462-6266 (hearing/speech impaired, dial 711) at least three (3) business days prior to the Public Hearing so arrangements can be made to provide such assistance at no cost to the person requesting.



Steven M. Costantino, Secretary
Signed this 25th day of October 2013

Significant ACA-Related Changes in the Medicaid Program

The following provides a summary of the major changes in the Medicaid program authorized or mandated by the ACA and the applicable rules in this chapter:

- Consolidation and simplification of Medicaid coverage groups subject to MAGI-based eligibility determinations – MCAR section 1301.
- Elimination of Medicaid eligibility for parents/caretakers with income from 133% to 175% of the FPL – MCAR 1301.
- Expansion of Medicaid eligibility to adults, ages 19 to 64, without dependent children and establishment of a new Medicaid affordable care coverage group – MCAR section 1301.
- Streamlined application process through the automated affordable care eligibility system – MCAR 1303.

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- Standardization of Medicaid eligibility requirements for MACC coverage groups – MCAR Section 1305.
- Establishment of passive renewal process for making determinations of continuing eligibility – MCAR section 1306.
- Implementation of the MAGI-based income standard – MCAR section 1307.
- Automated verification of eligibility requirements through federal and State data sources – MCAR section 1308.
- Elimination of premiums in the RItE Care managed care delivery system and redefinition of RItE Care coverage groups – MCAR section 1309.
- Enrollment of the MACC coverage group for adults without dependent children in a Rhody Health Partners managed care plans with a modified benefit package – MCAR section 1310.
- Modifications of the managed care enrollment system to complement changes in the application and eligibility determination processes – MCAR section 1311.
- Changes in the RItE Share premium assistance program to complement ACA initiatives, remove premiums, and add a buy-in requirement – MCAR section 1312.
- Extension of the Communities of Care requirement to MACC expansion group – MCAR section 1314.
- Implementation of a limited subsidy program for parents/caretakers with income from 133% to 175% of the FPL who are no longer eligible for Medicaid affordable care coverage – MCAR section 1315.

State of Rhode Island and Providence Plantations

Executive Office of Health & Human Services



Access to Medicaid Coverage Under the Affordable Care Act

Section 1308:

Verification of Medicaid Affordable Care

Coverage Group Eligibility Factors

October 2013 (Proposed)

Rhode Island Executive Office of Health and Human Services

Access to Medicaid Coverage Under the Affordable Care Act

Rules and Regulations Section 1308:

Verification of Medicaid Affordable Care Coverage Group Eligibility Factors

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Introduction

These rules related to **Access to Medicaid Coverage Under the Affordable Care Act, Section 1308 of the Medicaid Code of Administrative Rules entitled, “Verification of Medicaid Affordable Care Coverage Group Eligibility Factors”** are promulgated pursuant to the authority set forth in Rhode Island General Laws Chapter 40-8 (Medical Assistance), including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; and the Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et. seq.*

Pursuant to the provisions of §42-35-3(a)(3) and §42-35.1-4 of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known alternative approach, duplication or overlap was identified and these regulations are promulgated in the best interest of the health, safety, and welfare of the public.

1308 Verification of Medicaid Affordable Care Coverage Group Eligibility Factors

1308.01 Overview

Section 1411 of the federal Affordable Care Act (“Affordable Care Act” or “ACA”) requires the states to verify information for anyone applying for coverage through their health insurance exchanges. In Rhode Island, this provision covers any individuals and families who must apply for Medicaid through the new web portal developed to support both Medicaid and HealthSourceRI.

To achieve the ACA’s goal of improving and streamlining access to all forms of affordable coverage, including Medicaid, the federal government established a data hub containing information related to various eligibility factors. The data hub facilitates the electronic exchange of this information for the purposes of verifying or corroborating eligibility factors both at the time of initial application and during annual renewals thereafter. States have the flexibility to augment the electronic verification process the federal data hub uses with any additional data bases deemed appropriate.

1308.02 Scope and Purpose

Beginning on January 1, 2014, all new applicants in the Medicaid Affordable Care Coverage (MACC) groups identified in section 1301 of the Medicaid Code of Administrative Rules (MCAR) are required to complete the same single, streamlined application as all other persons seeking coverage through the new web portal that serves both Medicaid and HealthSourceRI. The application seeks basic information about everyone who is applying for affordable coverage, irrespective of payer – that is whether the coverage is paid for in whole or in part by Medicaid, tax credits, subsidies, or the applicant and/or an employer. The basic information applicants must provide for everyone applying for coverage includes, but is not limited to: names; household composition; Social Security Numbers (if they have one), residency; Modified Adjusted Gross Income (MAGI); citizenship and immigration status; date of birth; access to health insurance; and whether anyone is incarcerated.

The purpose of this rule is to identify the principal facets of the verification process, including the electronic matches made through the federal data hub and State automated data bases and alternatives. In addition, the provisions of this rule also set forth the respective roles and responsibilities of the Executive Office of Health and Human Services (EOHHS), in its capacity as the Single State Medicaid Agency (Medicaid agency), and applicants in assuring this process functions in the most secure, effective, and efficient manner possible.

1308.03 Definitions

For the purposes of this rule, the following definitions apply:

“Federal data hub or data hub” means the database of United States persons built by the U.S. Internal Revenue Service (IRS) and Health and Human Services (HHS) used to facilitate determinations for coverage, including Medicaid, under the Affordable Care Act of 2010.

“HealthSourceRI” means the entity that allows individuals, families, and small businesses to access insurance, as well as federal subsidies to assist in the payment of that coverage.

“Medicaid Affordable Care Coverage (MACC) Group” means a classification of persons eligible to receive Medicaid based on similar characteristics who are subject to the MAGI standard for determining income eligibility beginning January 1, 2014. As follows:

- Families and Parents/Caretakers with income up to 133% of the Federal Poverty Level (FPL) – Includes families and parents/caretakers who live with and are responsible for dependent children under the age of 18 or 19, if enrolled in school full-time.
- Pregnant Women with income up to 253% of the FPL – Includes women during pregnancy and the sixty (60) day postpartum period beginning on the date the pregnancy ends.
- Children and Young Adults with income up to 261% of the FPL – Includes children and young adults up to the age of 19.
- Adults 19-64 without children with income up to 133% of the FPL– Includes adults without dependent children who are not: pregnant, entitled to received Medicare Part A or B, or otherwise eligible for or enrolled in a Medicaid State Plan mandatory coverage group.

“Modified Adjusted Gross Income or (MAGI)” means income, adjusted by any amount excluded from gross income under section 911 of the IRS Code, and any interest accrued. Social Security benefits are not included in gross income. The MAGI is the standard for determining income eligibility for all Medicaid affordable care coverage groups (See MCAR section 1307 for application of the MAGI).

“Reasonable compatibility” means a situation when a difference or discrepancy between an applicant’s attestation and the information obtained from federal and State data sources in the electronic verification process does not affect the eligibility of the applicant.

“Reasonable explanation” means information or documentation required to reconcile a discrepancy or difference between an applicant’s attestation and federal and/or State data sources on an eligibility factor.

“Reconciliation” means the point in the verification process when difference or discrepancies between an applicant’s attestation and information from data sources are resolved.

“Self-Attestation” means an income declaration by an applicant when no data match is found or the information is outdated or incorrect. A series of questions will be asked through the web portal application process to assist in declaring self-attested income at the time of application.

1308.04 Synopsis of Verification Process

Individuals and families seeking Medicaid attest to the truthfulness and accuracy of the information they provide when applying by signing the completed application under the penalty of perjury. Federal Medicaid law mandates varying degrees of verification or corroboration of applicant attestations related to certain eligibility factors. Accordingly, the Medicaid agency must consider an applicant’s self-attestations to be valid unless the verification process shows there are irreconcilable

differences between the information provided by the applicant and federal and State data sources. Toward this end, the verification process proceeds as follows:

01. Data matching – The Medicaid agency must assure that an applicant’s information is entered into the eligibility system and matched electronically to the full extent feasible through the federal data hub and State data sources.
 01. Federal Data Hub. The federal data hub contains electronic information from various agencies of the United States government, including the Internal Revenue Service (IRS), Social Security Administration (SSA), Department of Health and Human Services (DHHS) (Centers for Medicare and Medicaid (CMS) and other agencies), Department of Homeland Security (USDHS), Department of Veterans Affairs (VA), Department of Defense (DoD), Peace Corps, and Office of Personnel Management (OPM). Various categories of data from these sources are combined on income, employment, health, entitlements, vital records (identity and residency), citizenship, and criminal history. A full list of the data included in the federal hub and the rules governing its use are located in 42 Code of Federal Regulations (CFR) 435.948/949.
 02. State data sources. The State draws from databases from an array of public agencies including the RI Department of Labor and Training (DLT), the Department of Health (DOH), Division of Vital Statistics, the Department of Administration (DOA), Divisions of Revenue and Motor Vehicles, and EOHHS agencies including DHS.
02. Reasonable compatibility – The Medicaid agency must use a reasonable compatibility standard to match data sources with self-reported application information. Attestation and data sources are reasonably compatible if any differences or discrepancies that emerge during the verification process are insufficient to affect the eligibility of the applicant. If the data sources match the applicant’s attestation, or are found “reasonably compatible,” the Medicaid agency must ensure that the eligibility system bases the determination on the information in the application.
03. Reasonable explanation – The Medicaid agency must provide the applicant with the opportunity to provide an explanation, and if necessary documentation, if the data sources do not match the attestation, or are not reasonably compatible, then. Accordingly, the automated eligibility system issues a request to the applicant for this information and provides a list of reasonable explanation options.
04. Reconciliation process – The explanation provided by an applicant must be used to determine whether it is feasible to reconcile a discrepancy between an attestation and data matches to determine whether reconciliation is feasible. If the applicant’s provides an accepted reasonable explanation, the final determination of eligibility will be based on the information the applicant provided. If the applicant is unable to provide an accepted reasonable explanation, documentation is then required to verify or correct the attestation and reconcile the discrepancy.

05. Privacy – The verification process utilizes personally identifiable information (PII) from both the federal data hub and State data sources. An account is maintained for each person who completes and submits an application through the State’s eligibility system. This account includes PII and other eligibility-related information used in the determination and annual renewal process. The Medicaid agency must assure the privacy of the information in these accounts in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information and Rhode Island General Laws 40-6-12 and 40-6-12.1. Also, the Medicaid agency must limit any use of account information to matters related to the administration of the Medicaid program including eligibility determinations, Medicaid health plan enrollment, appeals, and customer services.
06. Account Duration --Once an account in the eligibility system is established, a person seeking Medicaid has ninety (90) days to complete and submit the application for a determination. The eligibility system eliminates the account and all eligibility information from all sources, federal and State, if an application has not been completed by the end of that period. The Medicaid agency must determine eligibility within thirty (30) days from the date the completed application is submitted.

1308.05 Eligibility Factors and Verification Medicaid

The following is a list of key Medicaid eligibility factors and, where applicable some of the data sources used to verify or corroborate attestations:

- Identity. The federal data services hub is used for verifying an individual's identity. The federal government has outsourced this function to a third-party organization. Requests for establishing a person’s identity -- “identity proofing” -- are sent to the federal data services hub, and then sent to the third party organization.
- Income. A mix of data from federal and State sources are used to verify reported income including information combined from the IRS and State agencies such as DOA (wage collection) and DLT (unemployment income).
- Social Security Numbers, Age, Citizenship. Information on these eligibility factors is verified against SSA data; Immigration status is verified against data from the USDHS.
- Residency and Pregnancy. Attestation is accepted for both of the eligibility factors, except when attestation is not reasonably compatible with available information, (e.g. a 60 year old pregnant woman). Verification of these factors may require paper documentation if information is not available through State data sources.

1308.06 Medicaid Reasonable Compatibility Standards

When information obtained through the federal data hub and State data sources is found reasonably compatible with the applicant’s attestation, no further verification is required (including documentation) and the eligibility determination will be based on the attestation.

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The reasonable compatibility standards set by the Medicaid agency set forth below are most applicable to the verification of attestations about income, but are used as appropriate for other eligibility factors as indicated. Note: The term “data” refers to information obtained through electronic data matches across federal and State sources.

Medicaid Reasonable Compatibility Standards	
Attestation and Data Scenario	Reasonable Compatibility Standard
Attestation and data are below Medicaid eligibility levels	Reasonably Compatible: Individual eligible for Medicaid
Attestation and data are above Medicaid eligibility levels	Reasonably Compatible: Individual ineligible for Medicaid
The attestation is lower than the data and the difference between the attestation and data is less than 10% of the FPL	Reasonably Compatible: Eligibility based on attestation
The attestation is lower than the data and the difference between the attestation and data is greater than 10% of the FPL	Not Reasonably Compatible: pursue reconciling discrepancy

01. Attestation of income and data are both below Medicaid eligibility levels --Attestation and data sources are reasonably compatible if the difference or discrepancy does not impact the eligibility of the applicant. In other words, even if there is a difference between what an applicant says he or she earned and what the data shows was actually earned, the data is considered reasonably compatible, but only if the attestation of income and the verification data match if both the attestation and the data are both below Medicaid eligibility levels.
02. Attestation and data are both above Medicaid eligibility levels -- Attestation and data sources are reasonably compatible if they are both above the Medicaid eligibility levels. Under that scenario, the individual would be found ineligible for Medicaid. For an example, this would occur if an applicant attests to income above the eligibility ceiling for the applicable MACC group and data based verification indicates that the applicant’s income is higher than that amount. The applicant is not eligible in either case.
03. Attestation of income is lower than data and the difference between attestation and data is less than 10% --An attestation of income eligibility and data sources is considered reasonably compatible if the difference between the applicant’s attestation and the data sources is less than 10%.
04. Attestation is lower than data and the difference between attestation and data is greater than 10%. -- An attestation of income eligibility and data sources is considered not reasonably compatible if the difference between the applicant’s attestation and data sources is less than 10%.

1308.07 Reasonable Explanations

When attestation and data sources are not reasonably compatible, the eligibility system provides the applicant with prompts for resolving any identified discrepancies. The applicant is asked first to provide an explanation. The following chart is a list of acceptable explanations when there is a discrepancy between an attestation of income and data sources. If the applicant provides any one of these explanations, eligibility will be based on their attestation and no further verification on) is required. Note, as of the January 1, 2014 effective date of this rule, the Medicaid agency is implementing reasonable explanation options for income discrepancies.

Reasonable Explanations for Discrepancy in Income	
Lost job	Fluctuating income
Decrease in hours	Work on commissions
Multiple employers	Income from capital gains
Self-employed	Income from dividends
Do not file taxes	Income from royalties
Have not filed taxes yet	Seasonal worker
Homeless	Divorce or marriage
Victim of domestic violence	Death in family
Victim of natural disaster	Victim of identity theft

1308.08 Reconciliation Period

If the applicant's data verification is not reasonably compatible for all eligibility factors and the applicant has been unable to provide a reasonable explanation for discrepancies related to income eligibility, applicants will be given ninety (90) days to submit satisfactory documentation. Medicaid eligibility is only available during the reconciliation period as specified in section 1308.09 below.

1308.09 Limited Temporary Eligibility

An applicant who meets all other eligibility requirements will be deemed temporarily eligible during the reconciliation period only in circumstances in which the applicant is required to submit documentation to verify citizenship or immigration status. If the discrepancy is related to an eligibility factor other than citizenship or immigration status, there is no temporary eligibility and applicants must submit documents within the thirty (30) days in order to proceed with the eligibility determination.

1308.10 Satisfactory Documentation

During the reconciliation process, applicants will be asked to submit satisfactory documentation to verify eligibility. The following charts summarize acceptable documentation when verifying eligibility.

Identity (First Name/Last Name)	
<ul style="list-style-type: none"> • Birth Certificate • U.S. Passport • Naturalization Certificate • Social Security Card 	<ul style="list-style-type: none"> • Driver's License • State-issued Photo ID • School Photo ID

Social Security Number	
<ul style="list-style-type: none"> • Social Security Card • Social Security Records 	<ul style="list-style-type: none"> • Tax Return or other documentation showing SSN

Date of Birth	
<ul style="list-style-type: none"> • Birth certificate • U.S. Passport • Naturalization Certificate • Hospital Birth Records • RSDI Award Letter if DOB of child is included • Adoption Records • Affidavit of a Third Party • School Records • Military Service Records • Physician Records • Social Security Card 	<ul style="list-style-type: none"> • Driver's License • State-issued Photo ID • Social Security Records • Baptismal Certificate • Voter Registration Card • Confirmation Papers • Family Bible • Marriage License • State/Federal Census Record • Life Insurance Policy • Immigration Papers

Residency	
<ul style="list-style-type: none"> • Rent Receipt • Letter from Landlord • Lease • Mortgage Papers • Utility Bill • Property Tax Bill 	<ul style="list-style-type: none"> • Home Insurance Bill • Letter from Person Whom Applicant Pays Room and Board • Mortgage Books/Records • Sewer and Water Bills • Non-Heating Utility Bills • Telephone Bills

Income	
<ul style="list-style-type: none"> • Pay stubs representative of the last four (4) weeks of income • Earnings Statement • Employment Letter • Book Keeping Records • Property Unit Proof • Owner Occupied Proof • Monthly Rental Income Proof • Mortgage Breakdown Proof • Income Tax Returns 	<ul style="list-style-type: none"> • Reports from Social Security Veteran's Administration and other agencies • When the applicant is unable to obtain the information requested, Departmental forms (Wage Report, AP-50; Bank Clearance, AP-91; Clearance with VA, AP-150 and AP-151) are used.

Citizenship	
Primary Evidence: The following evidence must be accepted as satisfactory documentary evidence of <u>both identity and citizenship</u>	
<ul style="list-style-type: none"> • A U.S. Passport • A Certificate of Naturalization • A Certificate of U.S. Citizenship • A valid State-issued driver's license, if the State issuing the license requires proof of U.S. citizenship or a social security number to issue a license • Documentary evidence issued by a federally recognized Indian Tribe 	
Secondary Evidence: Only if the above documents are not available, the applicant can provide two of the following as secondary evidence:	
One of the following documents to <u>show citizenship</u>:	PLUS One of these documents to <u>prove identity</u>:
A U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986 (CNMI local time)).	For individuals 16 years of age or older, any of the following Identity documents (described in 8 CFR 274a.2(b)(1)(v)(B)(1)):
Evidence of birth in Puerto Rico, the U.S. Virgin Islands or the Mariana Islands after they became part of the United States or an applicant's statement that they were resident in one of these locations when they became part of the United States.	A driver's license or identification card containing a photograph, issued by a state
At state option, a cross match with a State vital statistics agency documenting a record of birth.	School identification card
A Certification of Report of Birth	Voter's registration card
A Report of Birth Abroad of a U.S. Citizen	U.S. military card or draft record
A Certification of birth issued by the Department of State	Identification card issued by the Federal, State or local government
A U.S. Citizen I.D. card	Military dependent's identification card
A Northern Mariana Identification Card (I-873)	U.S. Coast Guard Merchant Mariner card
A final adoption decree showing the child's name and U.S. place of birth	For children under age 19, a clinic, doctor, hospital or school record, including preschool or day care records
Evidence of U.S. Civil Service employment before June 1, 1976	Two documents containing consistent information that corroborates an applicant's identity. Such documents include, but are not limited to, employer identification cards, high school and college diplomas (including high school equivalency diplomas), marriage certificates, divorce decrees and property deeds or titles
U.S. Military Record showing a U.S. place of birth	Finding of identity from a Federal or State governmental agency including, but not limited to, public assistance, law enforcement, internal revenue or tax bureau or corrections agency, if the agency has verified and certified the identity of the individual.
A data verification with the Systematic Alien Verification for Entitlements (SAVE) Program for naturalized citizens	A finding of identity from an Express Lane Agency

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Citizenship	
Documentary evidence of Child Citizenship Act status for adopted or biological children born outside the United States	If the applicant does not have any of the above listed documents, the applicant may submit an affidavit signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity
Medical records, including, but not limited to, hospital, clinic, or doctor records or admission papers from a nursing facility, skilled care facility, or other institution that indicate a U.S. place of birth	
Official religious record recorded in the U.S. showing that the birth occurred in the United States	
School records including pre-school, Head Start and daycare, showing the child's name and U.S. place of birth	
Federal or State census record showing U.S. citizenship or a U.S. place of birth	
If the applicant does not have one of the documents listed above, he or she may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the applicant's citizenship and that contains the applicant's name, date of birth and place of U.S. birth. The affidavit does not have to be notarized	

Immigration Status
<ul style="list-style-type: none"> • Birth Certificate (if born in the U.S.) – otherwise this does not show immigration status in the U.S. • U.S. Passport • Naturalization Certificate • Military Service Records • Alien Resident Card (I-155) (also known as a Green Card) • Employment Authorization Card (I-688B) • For recent arrivals, a temporary I-551 stamp in a foreign passport or on USCIS Form I-94 • Unexpired Re-entry Permit (Form I-327) • Forms AR-3 and AR-3a, Alien Registration Receipt Card • USCIS Form I-94 with stamp showing admission under 203(a)(7) of the INA, refugee-conditional entry • USCIS Form I-688B (or USCIS employment authorization card) annotated 274a.12(a)(3); • USCIS Form I-766 annotated A3. • For lawful permanent residents who are victims of domestic violence - IRS form I551 or I551B coded IB1 through IB3, IB6 through IB8, B11, B12, B16, B17, B20 through B29, B31 through B33, B36 through B38, BX1 through BX3, BX6, BX7 or BX 8 • For victims of domestic violence petitioning for legal status who are considered as "qualified aliens" under PROWORA - IRS Form 797 showing an approved 1-360 or 1-13 self petitioning as a spouse or child of a U.S. citizen or lawful permanent resident; OR USCIS Form 797 showing a Notice of Prima Facie Determination • USCIS Form I-94 with date of admission and annotated with unexpired status as listed in Section 0304.05.45.05 • Dated USCIS letter or court order indicating a lawfully residing status listed in Section 0304.05.45.05 • An unexpired USCIS employment authorization document (I-688-B) annotated with status code • Applicants for asylum: I-94, I-589 on file, I-688B coded 274a.12(c)(8) • Applicants for suspension of deportation: I-94, I-256A on file, I-688B coded 274a.12(c)(10) • Non-citizens granted stays of deportation by court order statute or regulation or by individual determination of USCIS whose departure the USCIS does not contemplate enforcing: letter or Granted a stay of deportation, I-688B coded 274.12(c)(12)

Immigration Status
<ul style="list-style-type: none">• Non-citizens granted suspension of deportation pursuant to Section 244 of INA (8 USC 1254) whose departure the USCIS does not contemplate enforcing: letter/order from the immigration judge and a Form I-94 showing suspension of deportation granted• Non-citizens residing in the United States pursuant to an Order of Supervision: USCIS Form I-220B, I-688B coded 274a.12(c)(18)• Temporary Protected Status: I-94 "Temporary Protected Status" and/or I-688B employment authorization coded 274a.12(a)(12)• Deferred Enforced Departure: Letter from USCIS; I-688B coded 274a.12(a)(11)• Family Unity: USCIS approval notice, I-797, and/or I-688B coded 274a.13• Non-citizens granted deferred action status: Letter indicating that the non-citizen's departure has been deferred and/or I-688B coded 274a.12(c)(14)• Non-citizens who have filed applications for adjustment of status whose departure the USCIS does not contemplate enforcing: Form I-94 or I-181 or passport stamped with either of the following: "adjustment application" or "employment authorized during status as adjustment applicant"; and/or I-688B coded 274a.12(c)(9)• USCIS Form I-94 annotated with stamp showing entry as a refugee under Section 207 of the INA and date of entry• USCIS Form I-688B (or USCIS Employment Authorization Card) annotated 274a.12(a)(3)• USCIS Form I-766 annotated A3• USCIS Form I-571• USCIS Form 551 (Resident Alien Card) coded RE-6, RE-7, RE-8, or RE-9• USCIS Form I-94 annotated with stamp showing a grant of asylum• Grant letter from the Asylum Office of the USCIS• USCIS Form I-688B annotated with 274a.12.(a)(S)• USCIS Form I-766 annotated• Order from Immigration Judge granting asylum• Order from an Immigration Judge showing the date of a grant of deportation withheld under Section 243(h) of the INA• USCIS Form I-688B (or USCIS employment authorization card) annotated 274a.12(a)(10)• USCIS Form I-766 annotated A10• USCIS Form 551 with codes CU6, CU7, or CH6• Unexpired temporary I-551 stamp in a foreign passport or USCIS Form I-94 with codes CU6 or CU7• USCIS Form I-94 with stamp showing the individual paroled as a Cuban/Haitian Entrant under Section 212(d)(5) of the INA• An USCIS Form I-94 annotated with a stamp showing grant of parole under 212(d)(5) of the INA and a date showing granting of parole for at least one (1) year is acceptable verification of this status• ORS issues a certification letter to adults and a letter of benefit eligibility pursuant to Section 107(b) of the Trafficking Victims Protection Act of 2000 to children under eighteen (18) years of age: For adult, the ORS certification letter is proof of qualified non-citizen status; For children under age eighteen (18), the ORS letter of benefit eligibility is proof of qualified non-citizen status

1308.11 Alternative Verification Process

The Medicaid agency may provide an “alternate verification process.” This alternative process is available when one or more of the following conditions apply:

- The IRS does not have tax data for the applicant that is at least as recent as the calendar year two years prior to the calendar year in which Medicaid eligibility is being determined;

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- The applicant attests that the family size or family members have changed since the tax information being used for the determination was filed;
- The applicant attests that a change in circumstances has occurred or is reasonably expected to occur that may affect eligibility;
- The applicant attests to a change in tax filing status that has or is reasonably expected to increase or decrease the tax filer's annual income; or
- An applicant in the tax filer's family has applied for unemployment benefits.

1308.12 Information

For Further Information or to Obtain Assistance

01. Applications for affordable coverage are available online on the following websites:

- www.eohhs.ri.gov
- www.dhs.ri.gov
- www.HealthSourceRI.com

02. Applicants may also apply in person at one of the Department of Human Services offices or by U.S. Mail. Request an application by calling 1-855-447-7747.

03. For assistance finding a place to apply or for assistance completing the application, please call: 1-855-609-3304 or 1- 855-840-HSRI (4774).

1308.13 Severability

If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these regulations which can be given effect, and to this end the provisions of these regulations are declared to be severable.